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CONFIRMATION NO. 9691

<b>SERIAL NUMBER</b> 09/771,956	<b>FILING OR 371(c) DATE</b> 01/29/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> U 013223-9	
<b>APPLICANTS</b> Michele Bennett Kinrade, Northford, CT; Robbin M. Brodbeck, Madison, CT; James E. Krause, Madison, CT; SLW					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/178,652 01/28/2000 OK, SLW					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/02/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Sandra Weigert</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 90	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 48425					
<b>TITLE</b> Chimeric neuropeptide Y receptors					
<b>FILING FEE RECEIVED</b> 2100	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		